

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
FOR USE WITH FORM PTO-875

SERIAL NO.

FILING DATE

APPL. CANT. S

CLAIMS

1	1. FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
		IND.	DEP.	IND.	DEP.
1					
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50					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

1	2	3	4
51	52	53	54
55	56	57	58
59	60	61	62
63	64	65	66
67	68	69	70
71	72	73	74
75	76	77	78
79	80	81	82
83	84	85	86
87	88	89	90
91	92	93	94
95	96	97	98
99	100		
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			